

## **Impact Analysis-Proposed Permanent Rule Change**

**Agency:** NC Department of Health and Human Services (DHHS)  
Division of Social Services (DSS)  
Child Welfare Section

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**Rule Citation & Chapter Name:** **10A NCAC 70E – Licensing Foster Homes  
70E .1117 Training Requirements**

**Statutory Authority:** G.S. 131D-10.1; 131D-10.2A; 131D-10.3; 131D-10.5

### **Summary of Impact:**

|                                     |             |
|-------------------------------------|-------------|
| <b>State Impact:</b>                | <b>Yes</b>  |
| <b>Local Impact:</b>                | <b>No</b>   |
| <b>Private Sector:</b>              | <b>Yes</b>  |
| <b>Substantial Economic Impact:</b> | <b>None</b> |

### **I. Overview**

Item (10) of Section 471 of the Social Security Act (42 U.S.C. 671) directs states to provide specific rules and policies based on national standards for foster care and child caring institutions.

### **II. Summary of Proposed Rule**

10A NCAC 70E .1117(1)(p) & (q) is proposed for amendment to state that foster parents pre-service training will include training components on trauma informed care and reasonable and prudent parent standard. There are no additional training hours being required only that these components be included in the 30 hours of pre-service training. Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting (TIPS-MAPP) pre-service training provided by the Division has already revised these curriculums to include trauma informed care rewrites by the owner, Children's Alliance of Kansas, Inc. The owners of the curriculum also has confirmed they are rewriting the curriculum to include content on reasonable and prudent parent standard. The ten agencies that choose to use other approved pre-service curriculums will be required to add these two components to their pre-service curriculums.

10A NCAC 70E .0117(4) is proposed for amendment to state that foster parents shall successfully complete certification in first aid, CPR and universal precautions. "Successfully completed" is defined as demonstrating competency, as evaluated by the instructor who has been approved by the American Heart Association, the American Red Cross, or other organizations approved by the Division of Social Services

to provide first-aid, CPR and universal precautions. (Amended rule 10A .1117 is based on child care rule 10A NCAC 09.0705).

### **III. Rationale for Proposed Rule**

The revisions are proposed to ensure that foster parents are receiving pre-service and in-service training that ensures their knowledge and skills are sufficient to provide a safe and secure environment for every foster child placed in their home. This is an effort that falls under the need for continuous quality improvement for the safety and well-being of children receiving foster care services.

### **IV. Analysis of Fiscal Impact**

#### **Costs**

##### Pre-service training curriculum change:

##### *State Government*

Regarding the statewide implementation of the trauma-informed version of the required 30 hours of foster parent pre-service training, NC DSS incurred a cost of \$13,600 during 2013-2014 for onsite consultation and training from the Children's Alliance of Kansas (copyright owners of the pre-service curriculum: Trauma Informed Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting (TIPS-MAPP). Materials for training and providing the trauma-informed content updates to 333 NC child placing agency MAPP Leaders during 2014-2016 in the trauma-informed version of the curriculum cost NC DSS \$64,269. The total expenses for state trainers time and travel is estimated to have been \$42,772.00 to provide training updates statewide during 3-day training session in 2014 and 2015. These cost estimates were provided by the NCDSS Staff Development Department. The Staff Development Department is the entity that provided this training to staff statewide.

The Division will provide training materials to existing training curriculums electronically to providers at no cost to train their staff on the reasonable and prudent parent standard. There is no additional cost for the development of these services.

##### *Local Government*

The addition of trauma informed care & reasonable and prudent parent standard training components will not create additional expense to agencies. The training requirement for 30 hours of pre-service training already exists in rule and there is not an increase in hours required to add these components. The Division has already trained child placing agencies' MAPP Leaders at no cost to the child placing agency provider on the new curriculum. Social Services staff are required to complete 24 hours of in-service training annually. The cost of this training is built into the existing budget for local governments. The TIPS-MAPP update training for Social Services staff should not create additional expense for local government above the existing training requirements.

##### *Private Sector*

The ten agencies that use a pre-service curriculum other than TIPS-MAPP will have to revise their curriculums to include these two components. A survey of these agencies resulted in reporting an average estimated cost to add to the required topics, Trauma Informed Care and the Implementation of the Reasonable and Prudent Parenting Standard, to their existing pre-service training curriculum to be \$3,600. The staff time involved in documentation, training and support is part of the existing regular duties of the foster care Social Worker for care and wellbeing of the foster child and in fact maybe

reduced as foster parents take on more of decision making practices. The total estimated cost for the ten private agencies is \$36,000.

#### Certification in CPR, First Aid & Universal Precautions:

##### *State Government*

The revision to rule is to define what is “successful completion” to insure that children entrusted in their care receive appropriate health services when medically necessary by qualified trained staff. The State will not incur any additional costs related to the requirement of demonstrating competency. These trainings are not provided by state staff; they are provided locally by private contractors or agency certified staff. State consultants currently are required to determine if foster parents are in compliance with 10A NCAC 70E .1117, no additional cost to state staff is expected. The time required to verify compliance by including demonstrate competency will remain the same as the time required to verify training. Demonstrating competency is typically included in training costs.

##### *Private Sector*

The requirement for training on CPR, First Aid & Universal Precautions already exists in Administrative Rules. The new requirement that foster parents must successfully complete the training will create additional costs for parents and providers if they do not pass on the first attempt. In meeting with representatives from foster care agencies, residential child care agencies and maternity homes, twenty-five different agencies were asked about the pass/fail rate for foster parents and residential/maternity home staff. They state that trainers from the American Red Cross as well as other approved organizations work closely with participants and provide individual attention to them. They work with the participants until they are able to demonstrate the competencies. They could not remember any foster parents or residential child care/maternity staff not being able to demonstrate the competencies. Overall, these reports suggest that few foster care parents will need additional time to demonstrate competencies.

#### **Benefits**

The benefits derived from these rule revisions will be to guarantee that foster parents are receiving training that increases their knowledge and proves their skills and ensure that they are qualified to provide a safe and secure environment for every foster child placed in their home.

#### **Summary**

Between FY 2013 and 2015, NC DSS incurred costs to develop new foster parent pre-service training curricula and to update state trainers. Ten private agencies must update their curricula independently at an estimated cost of \$36,000. In total, this analysis estimates the cost of adding trauma informed care and the reasonable and prudent parent standard to pre-service training material to be \$183,243 in FY2017 dollars. DSS does not expect the requirement for training on CPR, First Aid & Universal Precautions to create any economic impact.

DSS believes that the proposed changes to caregiver training will improve the safety and well-being of children receiving foster care services. These private benefits are unquantified.

# Economic Impact Summary

|               | FY 2013      | FY 2014  | FY 2015  | FY 2016 | FY 2017   |
|---------------|--------------|----------|----------|---------|-----------|
| Benefits      |              |          |          |         |           |
| Private       | Unquantified |          |          |         |           |
| Costs         |              |          |          |         |           |
| State         | \$13,600     | \$85,655 | \$21,386 |         |           |
| Private       |              |          |          |         | \$36,000  |
| Total Costs   | \$13,600     | \$85,655 | \$21,386 | \$-     | \$36,000  |
| NPV of Costs* |              |          |          |         | \$183,243 |

\*The figure represents a net present value (NPV) of costs as of July 1 2016 using a 7% discount rate.

## Appendix

### 10A NCAC 70E .1117 TRAINING REQUIREMENTS

Each supervising agency shall provide, or cause to be provided, preservice and in-service training for all prospective and licensed foster parents as follows:

- (1) Prior to licensure or within six months from the date a provisional license is issued, each applicant shall successfully complete 30 hours of preservice training. Preservice training shall include the following components:
  - (a) General Orientation to Foster Care and Adoption Process;
  - (b) Communication Skills;
  - (c) Understanding the Dynamics of Foster Care and Adoption Process;
  - (d) Separation and Loss;
  - (e) Attachment and Trust;
  - (f) Child and Adolescent Development;
  - (g) Behavior Management;
  - (h) Working with Birth Families and Maintaining Connections;
  - (i) Lifebook Preparation;
  - (j) Planned Moves and the Impact of Disruptions;
  - (k) The Impact of Placement on Foster and Adoptive Families;
  - (l) Teamwork to Achieve Permanence;
  - (m) Cultural Sensitivity;
  - (n) Confidentiality; ~~and~~
  - (o) Health and Safety;
  - (p) Trauma Informed Care; and
  - (q) Reasonable and Prudent Parent Standard as defined in 131D-10.2A.
- (2) Prior to licensure or within six months from the date a provisional license is issued, therapeutic foster parent applicants shall receive at least ten additional hours of preservice training in behavioral mental health treatment services including the following:
  - (a) role of the therapeutic foster parent;
  - (b) safety planning; and
  - (c) managing behaviors.
- (3) During the initial two years of licensure, each therapeutic foster parent shall receive additional training in the following areas:
  - (a) development of the person-centered plan;
  - (b) dynamics of emotionally disturbed and substance abusing youth and families;
  - (c) symptoms of substance abuse;

- (d) needs of emotionally disturbed and substance abusing youth and families; and
- (e) crisis intervention.

- (4) ~~Training in first aid, cardiopulmonary resuscitation (CPR) and universal precautions such as those provided by the American Red Cross, the American Heart Association, or equivalent organizations shall be provided to foster parents before a foster child is placed with the foster family. Training in CPR shall be appropriate for the ages of children in care. First aid, CPR, and universal precautions training shall be updated as required by the American Red Cross, the American Heart Association, or equivalent organizations. The supervising agency shall ensure that family foster parents and therapeutic foster parents are trained in medication administration before a child is placed with the foster family.~~

Foster parents shall successfully complete certification in first-aid, cardiopulmonary resuscitation (CPR) and universal precautions provided by either the American Heart Association or the American Red Cross or other organizations approved by the Division of Social Services before a foster child is placed with the foster family. Other organizations shall be approved if the Division of Social Services determines that courses offered are substantially equivalent to those offered by the American Heart Association or the American Red Cross. First-aid, CPR and universal precautions training shall be renewed as required by the American Heart Association, the American Red Cross or equivalent organizations. Successfully completed is defined as demonstrating competency, as evaluated by the instructor who has been approved by the American Heart Association or the American Red Cross or other organizations approved by the Division of Social Services to provide first-aid, CPR and universal precautions training. Training in CPR shall be appropriate for the ages of children in care. Documentation of successful completion of first-aid, CPR and universal precautions shall be maintained by the supervising agency. Web-based trainings are not acceptable methods of successfully completing certification in first-aid, CPR and universal precautions.

- (5) Child-specific training shall be provided to the foster parents as required in the out-of-home family services agreement or person-centered plan as a condition of the child being placed in the foster home. When the child or adolescent requires treatment for abuse – reactive, sexually reactive and sexual offender behaviors, specific treatment shall be identified in his/her person-centered plan. Training of therapeutic foster parents is required in all aspects of reactive and offender specific sexual treatment and shall be made available by a provider who meets the requirements specified for a qualified professional as defined in 10A NCAC 27G .0104. When the child or adolescent requires treatment for substance abuse, specific treatment shall be identified in his/her person-centered plan. Training and supervision of therapeutic foster parents are required in all aspects of substance abuse and shall be made available by a provider who meets the requirements specified for

a qualified substance abuse prevention professional as defined in 10A NCAC 27G .0104. This training shall count towards the training requirements of Item (6) of this Rule.

- (6) Prior to licensure renewal, each foster parent shall successfully complete at least twenty hours of in-service training. This training may be child-specific or may concern issues relevant to the general population of children in foster care. In order to meet this requirement:
  - (a) each supervising agency shall provide, or cause to be provided, at least 10 hours of in-service training for foster parents annually;
  - (b) the training shall include subjects that would enhance the skills of foster parents and promote stability for children;
  - (c) a foster parent may complete training provided by a community college, a licensed supervising agency, or other departments of State or county governments; and, upon approval by the supervising agency, such training shall count towards meeting the requirements specified in this Item; and
  - (d) each supervising agency shall document in the foster parent record the type of activity the foster parent has completed pursuant to this Item.
- (7) A foster family caring for a child with HIV (human immunodeficiency virus) or AIDS (acquired immunodeficiency syndrome) shall complete six hours of training on issues relevant to HIV or AIDS annually. This training may count towards the training requirements Item (6) of this Rule.
- (8) Training requirements for physical restraint holds pursuant to 10A NCAC 70E .1103.

*Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; ~~131D-10.6~~; 131D-10.6A.*